

Amendments to House Bill No. 621
1st Reading Copy

Requested by Representative Tom McGillvray

For the House Human Services Committee

Prepared by Sue O'Connell
February 21, 2007 (1:58pm)

1. Title, page 1, line 4.
Strike: "REQUIRING EACH"
Insert: "ALLOWING A"
2. Title, page 1, line 5.
Strike: "AND TO OFFER"
Insert: "IN ADDITION TO THE REQUIRED"
3. Title, page 1, line 9.
Following: "PRACTICE;"
Insert: "PROVIDING AN APPROPRIATION;"
4. Title, page 1, line 10.
Following: "33-22-133, "
Insert: "33-22-134, 33-22-135,"
5. Page 1, line 26.
Strike: "required"
6. Page 1, line 27.
Strike: "two types of health benefits plans, including"
7. Page 1, line 28 and line 29.
Following: "benefits and"
Strike: "one"
Insert: "may offer one or more"
Strike: "plan as" on line 18 through "subsection (2)" on line 29
Insert: "plans"
8. Page 1, line 30 through page 2, line 3.
Strike: subsection (2) in its entirety
Renumber: subsequent subsections
9. Page 2, line 10 through line 15.
Strike: subsection (4) in its entirety
10. Page 4, line 18 through line 19.
Strike: subsection (5) in its entirety

11. Page 5, line 12.

Following: line 12

Insert: "Section 7. Section 33-22-134, MCA, is amended to read:

"33-22-134. Postmastectomy care. Each (1) Except as provided in [section 2], each group and individual disability policy, certificate of insurance, or membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for hospital inpatient care for a period of time as is determined by the attending physician and, in the case of a health maintenance organization, also the primary care physician, in consultation with the patient, to be medically necessary following a mastectomy, a lumpectomy, or a lymph node dissection for the treatment of breast cancer. This section also applies to the state employee group insurance program, the university system employee group insurance program, any employee group insurance program of a city, town, county, school district, or other political subdivision of the state, and any self-funded multiple employer welfare arrangement that is not regulated by the Employee Retirement Income Security Act of 1974.

(2) A limited-benefit plan provided under [section 2] may exclude only the coverage mandated by state law but is subject to the Women's Health and Cancer Rights Act of 1998, 42 U.S.C. 300gg-6 through 300gg-52."

{Internal References to 33-22-134:

33-22-101* x 33-31-111x 33-31-111x 33-35-306x}"

Insert: "Section 8. Section 33-22-135, MCA, is amended to read:

"33-22-135. Coverage for reconstructive breast surgery after mastectomy. (1) Each Except as provided in [section 2], each group and individual disability policy, certificate of insurance, or membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for reconstructive breast surgery resulting from a mastectomy that resulted from breast cancer.

(2) Each Except as provided in [section 2], each group and individual disability policy, certificate of insurance, or membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide coverage for all stages of one reconstructive breast surgery on the nondiseased breast to establish symmetry with the diseased breast after definitive reconstructive breast surgery on the diseased breast has been performed.

(3) For the purposes of this section:

(a) "mastectomy" means the surgical removal of all or part of a breast as a result of breast cancer;

(b) "reconstructive breast surgery" means surgery performed as a result of a mastectomy to reestablish symmetry between the breasts. The term includes augmentation mammoplasty, reduction mammoplasty, and mastopexy.

(4) Benefits Except as provided in [section 2], benefits for reconstructive breast surgery include but are not limited to the costs of prostheses and, under any contract providing outpatient x-ray or radiation therapy, benefits for outpatient chemotherapy following surgical procedures in connection with the treatment of breast cancer that must be included as a part of the outpatient x-ray or radiation therapy benefit.

(2) A limited-benefit plan provided under [section 2] may exclude only the coverage mandated by state law but is subject to the Women's Health and Cancer Rights Act of 1998, 42 U.S.C. 300gg-6 through 300gg-52."

{ Internal References to 33-22-135:

33-22-101* x 33-31-111x 33-31-111x 33-35-306x} "

Renumber: subsequent sections

12. Page 15, line 17.

Insert: "NEW SECTION. Section 21. Appropriation. There is appropriated from the state general fund to the state auditor's office \$5,000 for the biennium beginning July 1, 2007. The appropriation must be used to conduct a review of the number and types of limited-benefit plans offered under [section 2] and the number of people covered under limited-benefit plans during the biennium. The state auditor's office shall provide the information to the 61st legislature, as provided in 5-11-210."

Renumber: subsequent sections

13. Page 15, line 22.

Strike: "[This act]"

Insert: "(1) Except as provided in subsection (2), [this act]"

14. Page 15, line 25.

Insert: "(2) [Section 21 and this section] are effective July 1, 2007."

- END -